



1fer

## **SUPPLEMENTAL Application Data Sheet**

### **Application Information**

Application number:: 10/797,485  
Filing Date:: 03/09/04  
Application Type:: Continuation-in-part  
Subject Matter:: Utility  
Title:: ENDOLUMINAL TOOL DEPLOYMENT  
SYSTEM  
Attorney Docket Number:: 021496-000130US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 8H  
Total Drawing Sheets:: 42  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRIS  
Middle Name:: A.  
Family Name:: ROTHE  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Street of Mailing Address:: 1593 Sabina Way  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RICHARD  
Middle Name:: C.  
Family Name:: EWERS  
City of Residence:: Fullerton  
State or Province of Residence:: CA  
Street of Mailing Address:: 1437 W. Malvern  
City of Mailing Address:: Fullerton  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92833

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TRACY  
Middle Name:: D.  
Family Name:: MAAHS  
City of Residence:: Rancho Santa Margarita  
State or Province of Residence:: CA  
Street of Mailing Address:: 11 Paseo Simpatico  
City of Mailing Address:: Rancho Santa Margarita  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92688

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: KENNETH  
Middle Name:: J.  
Family Name:: MICHLITSCH  
City of Residence:: Livermore  
State or Province of Residence:: CA  
Street of Mailing Address:: 822 South M Street  
City of Mailing Address:: Livermore  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94550

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/458,060	06/09/03
10/458,060	Continuation-in-part of	10/346,709	01/15/03
10/458,060	An application claiming	60/471,893	05/19/03
	the benefit under 35		
	USC 119(e)		
This Application	Continuation-in-part of	10/735,030	12/12/03

### Assignee Information

~~Assignee Name::~~ ~~USGI MEDICAL CORP.~~

Assignee Name:: USGI MEDICAL INC.

Street of mailing address:: 1140 Calle Cordillera  
Suite A

City of mailing address:: San Clemente

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 92673